

CONTINUING EDUCATION COMPLIANCE FORM

Please type or print clearly and legibly in ink.

Section I — GENERAL INFORMATION

1. FULL NAME (as it appears on your interpreter identification card):

2. CERTIFICATION NUMBER: _____ LANGUAGE(S) _____

REGISTRATION NUMBER: _____ LANGUAGE(S) _____

3. THIS COMPLIANCE PERIOD IS FROM (mm/dd/yy) _____ TO (mm/dd/yy) _____

Note: The compliance period is at least two years and ends on December 31. Please submit only one compliance form for each two-year compliance period. Example: If an interpreter was certified or registered with the Judicial Council in June 1997, his/her first compliance period would end December 31, 1999. Participatory continuing education activities taken after June 1997 through December 31, 1999, would apply. Thus, the interpreter must file his or her compliance form before December 31, 1999.

Section II — MANDATORY CONTINUING EDUCATION REQUIREMENT (Complete only if this is your first compliance period.)

4. WHERE AND WHEN DID YOU ATTEND THE ETHICS WORKSHOP?

City _____ Date _____

5. ☐ I DID NOT COMPLY WITH THIS REQUIREMENT AND I UNDERSTAND THAT THIS WILL AFFECT MY CERTIFICATION STATUS.

6. (Registered interpreters only) WHERE AND WHEN DID YOU ATTEND THE ORIENTATION WORKSHOP?

City _____ Date _____

7. ☐ (Registered interpreters only) I DID NOT COMPLY WITH THIS REQUIREMENT AND I UNDERSTAND THAT THIS WILL AFFECT MY REGISTRATION STATUS.

Section III — SKILLS AND KNOWLEDGE

8. List your continuing education activities during the compliance period. Include all "participatory" hours first, then "self-study" hours, and MCLE activities last.

DATE	TITLE OF ACTIVITY	NAME OF PROVIDER OR "SELF-STUDY"	NO. OF HOURS	CIMCE NO.
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section IV — PROFESSIONAL EXPERIENCE

9. LIST THE 40 PROFESSIONAL ASSIGNMENTS IN WHICH YOU HAVE PARTICIPATED DURING THE COMPLIANCE PERIOD (*an "assignment" is a law-related interpreting duty for a specific case, performed on a specific date*). **Submission of invoices or letters from court administrators in lieu of listing 40 professional assignments will not be accepted.**

DATE(S)	CASE NUMBER	CASE NAME	LOCATION
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			
(25)			

Section IV — PROFESSIONAL EXPERIENCE (Con't)

	DATE(S)	CASE NUMBER	CASE NAME	LOCATION
(26)				
(27)				
(28)				
(29)				
(30)				
(31)				
(32)				
(33)				
(34)				
(35)				
(36)				
(37)				
(38)				
(39)				
(40)				

I declare under penalty of perjury under the laws of the State of California that the information provided above is true and correct.

10. _____
Signature *Date*

Please mail to:

Administrative Office of the Courts
Trial Court Services Division
Attn: Brenda Chiles, Court Interpreters Program
455 Golden Gate Avenue
San Francisco, California 94102-3660

**Please sign, date, and provide all required information.
Forms that are incomplete will be returned.**